## **BES! AVAILABLE COLL**

| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Doc 09/900 392780 |  |  |                                       |           |                       |                   |       |               |          |                        |         | 087                 | _ 1  |
|--|--|--|---------------------------------------|-----------|-----------------------|-------------------|-------|---------------|----------|------------------------|---------|---------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |  |                                       |           |                       |                   |       | SMALL<br>TYPE | EN       | mir                    | OR      | OTHER<br>SMALL      |  |
| TOTAL CLAIMS   |  |  | 25.                                   |           |                       |                   |       | RATI          | E        | FEE                    |         | RATE                | FEE  |
| FOR  |  |  | · NUMBER FILED                        |           | NUMBER EXTRA          |                   |       | BASIC FEE 3   |          | 355.00                 | OR      | BASIC FEE           | 710.00   |
| TOTAL CHARGEABLE CLAIMS  |  |  | 25 minus 20=                          |           | • 5                   |                   |       | X\$ 9=        |          |                        | OR      | X\$18=              | 90   |
| INDEPENDENT CLAIMS   |  |  | 4/ minus 3 =                          |           | 1                     |                   | •     | X40=          |          |                        | OR      | X80=                | 80   |
| MUI  | TIPLE DEPEN                                    | DENT CLAIM PF  | RESENT                                |           |                       |                   |       | +135=         |          |                        | OR      | +270=               | _  |
| • If 1   | the difference                                 | in column 1 is l   | less than zero, enter "0" in column 2 |           |                       |                   | TOTAL |               | OR       | TOTAL                  | 880     |                     |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |  |                                       |           |                       |                   |       | SMA           | LL (     | ENTITY                 | OŘ      | OTHER<br>SMALL      |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  | •,                                    | HIGH      | IEST<br>IBER<br>OUSLY | PRESENT<br>EXTRA  |       | RAT           | Ē        | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE   |
|  | Total  | . 32   | Minus                                 |           | 75                    | - 7               |       | X\$ 9         | 11       | -                      | OR      | X                   | 350  |
|  | Independent                                    | · 5  | Minus                                 | *** /     | 4                     | = /               |       | X40:          |          |                        | OR      | X80=                | 200  |
|  | FIRST PRESE                                    | NTATION OF MI  | MULTIPLE DEPENDENT                    |           |                       |                   | +135  |               |          |                        | OR      | +270=               |  |
|  |  |  |                                       |           |                       |                   |       |               | iAL      |                        |         | TOTAL               |  |
| 9 9 05 (Column 1) (Column 2) (Column 3)  |  |  |                                       |           |                       |                   |       | ADDIT. F      | EE       |                        | OR      | ADDIT. FEE          | The state of the s |
|  | 10010  | CLAIMS   |                                       | HiG       | EST                   |                   | 1     |               | -        | ADDI-                  | 1       |                     | ADDI-  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT  |                                       | PREVI     | ABER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA  |       | RATI          | Ε        | TIONAL<br>FEE          |         | RATE                | TIONAL<br>FEE  |
|  | Total  | . 26   | Minus                                 | ٠.        | 32                    | = /               |       | X\$ 9         | =        |                        | OR      | X\$18=              |  |
|  | Independent                                    | . 4  | Minus                                 |           | <u> </u>              | = /               |       | X40-          |          |                        | OR      | X80=                |  |
| Ш  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                       |           |                       |                   |       | +135          | <b>=</b> |                        | OR      | +270=               |  |
| 3/   | 13/06  |  |                                       |           |                       |                   | ı     | 10,           |          | -                      | OR      | TOTAL               |  |
| (Column 1) (Column 2) (Column 3)   |  |  |                                       |           |                       |                   |       |               |          |                        |         | ADDIT. FEE          |  |
|  |  | CLAIMS<br>REMAINING  |                                       | HIG       | HEST<br>ABER          |                   | 1     | <u> </u>      | -        | ADDI-                  | 1       |                     | ADDI-  |
| AMENDMENT C  |  | AFTER<br>AMENOMENT   |                                       | PREV      | IOUSLY<br>FOR         | PRESENT<br>EXTRA  |       | RAT           | Ε        | TIONAL<br>FEE          |         | RATE                | TIONAL   |
|  | Total  | · //   | Minus                                 | 3         | 12                    | 8                 |       | X\$ 9         | =        |                        | OR      | X\$18≤              |  |
|  | Independent                                    | · 2  | Minus                                 | •••       | 5                     | 8                 | ]     | X40:          |          |                        | OR      | X80=                |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                                       |           |                       |                   |       |               | -        |                        |         |                     | 1  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                    |  |  |                                       |           |                       |                   |       |               |          |                        | OR      | +270=               | <b></b>  |
| •• (   | If the "Highest Nu                             | mber Previously Particusty Particustry Previously Previ | aid For IN THI                        | S SPACE   | is less the           | in 20, enter "20. | .•    | ADDIT. F      |          |                        | OR      | TOTAL<br>ADDIT. FEE |  |
|  | The Tighest Nun                                | nber Previously Pa   | id For (Total o                       | r Indepen | deni) is th           | e highest numbe   | er fo | und in th     | e ap     | propriate bo           | x in co | ilumn 1,            |  |

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